

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 025 ****61.25

DOCUMENT # N96000000237 1. Entity Name ANGEL CHRISTIAN TELEVISION TRUST, INC.					
Principal Place of Business 1101 N LAKE DESTINY RD. SUITE 120 MAITLAND, FL 32751 US			Mailing Address 1101 N LAKE DESTINY RD. SUITE 120 MAITLAND, FL 32751 US		
2. Principal Place of Business 405 Douglas Ave. Suite, Apt. #, etc. Suite 1555 City & State Altamonte Springs, FL Zip Country 32714 US		3. Mailing Address 405 Douglas Ave. Suite, Apt. #, etc. Suite 1555 City & State Altamonte Springs, FL Zip Country 32714 US			
4. FEI Number 59-3359547				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEIK, STEPHEN W 1101 N LAKE DESTINY RD. SUITE 120 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Stephen W. Beik Street Address (P.O. Box Number is Not Acceptable) 405 Douglas Ave., Suite 1555 City Altamonte Springs FL Zip Code 32714		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN, RORY A 1107 PRINCESS ANNE ST. FREDERICKSBURG, VA 22401	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Stephen, Rory A. 8209 Surry Rd. Fredericksburg, VA 22407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHEN, WENDY 1107 PRINCESS ANNE ST. FREDERICKSBURG, VA 22401	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Stephen, Wendy 8209 Surry Rd. Fredericksburg, VA 22407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEIK, STEPHEN W 1101 N. LAKE DESTINY RD., #120 MAITLAND, FL 32751	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Beik, Stephen W. 405 Douglas Ave., Suite 1555 Altamonte Springs, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANGIPANE, FRANCIS A 1275 E KNOLL DRIVE ROBINS, IA 52328	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIRS, MARY M 3 JELIESTON TERRACE PATNA UK, ka5 7J2	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Speirs, Mary M. 3 Jelieston Terrace Patna Ayrshire, UK KA5 7JZ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Stephen W. Beik SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/26/06 407-862-5084 Date Daytime Phone #	